

Medical Review Request

MED 3 (07/01/04)

The purpose of this form is to request the Department of Motor Vehicles (DMV) to conduct a medical review of a licensed driver.

Instructions: Print or type all information.

I request that the below named individual be re-examined for the privilege of operating a motor vehicle in Virginia.			
If you change either your residence/home address or mailing address to a non-Virginia address, your driver's license or photo identification (ID) card may be canceled.			
Driver's Name		First	Middle
Last		Date of Birth	
Driver's License or Social Security Number	Vehicle Plate Number		Telephone Number
		()	
Residence Address			
City		State	Zip Code
Mailing Address (If different from above address)			
City		State	Zip Code
<p>Based on my observation, I believe this individual should be given the following tests:</p> <p> <input type="checkbox"/> Medical Examination <input type="checkbox"/> Vision Examination <input type="checkbox"/> Knowledge Examination <input type="checkbox"/> Road Skills Test </p> <p>I understand that the Department of Motor Vehicles may have additional requirements.</p>			
<p>Describe in detail the circumstances that led to this request. Please provide as much information as possible including a description of what appears to be the driver's mental, physical or visual impairment. Use a separate page if necessary.</p>			
Requestor's Name (Print or type)		Signature	
		Date	
Organization Name		Telephone Number	Fax Number
		()	()
Business Address		City	State
		Zip Code	
<p>If you have questions, contact Medical Review Services</p> <p>1-804-367-6203 (Voice)</p> <p>1-800-272-9268 (Deaf or Hearing Impaired Only).</p> <p>1-804-367-1604 (Fax)</p>		<p>Mail or fax completed request to:</p> <p>Department of Motor Vehicles</p> <p>Medical Review Services</p> <p>Post Office Box 27412</p> <p>Richmond, Virginia 23269-0001</p> <p>FAX: 1-804-367-1604</p>	

Code of Virginia § 46.2-322 provides that if the driver submits a written request, DMV will furnish the reasons for the examination, including the identity of anyone who supplied information regarding fitness to drive a motor vehicle. However, this law states that DMV cannot provide the information if the source is a relative or licensed medical professional treating the driver.